04/15/2011 18:38

Image# 11930700629

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For Othe	er Than An	Authorize	d Committ	tee		Office Use Onl	у
NAME OF COMMITTEE (in full)		MAILING LAE OR PRINT		ample:If typing er the lines	g, type			
American Academy of Op	ohthalmology In	nc Political Com	nmittee (OPH	THPAC)				
ADDRESS (number and street)	655 Be	each Street						
Check if different than previously reported. (ACC)	San Fr	ancisco				CA	94109]-
2. FEC IDENTIFICATION N	IUMBER 🖫		CITY 🛋			STATE	ZIPC	ODE 🛕
C00196246			3. IS THIS REPORT		NEW (N) OR		AMENDED A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report Quarterly Report January 31 Quarterly Report July 31 Mid-Yea Report(Non-ele Year Only) (MY Termination Re (TER)	rt(Q1) (c) rt(Q2) (d) rt(YE) (d)	PRE-Electic Report for the second sec	Election on		(12C)	Se	(12G) in th State	Special (30S)
5. Covering Period	03	1 201	1	through	03	3 1	2011	
I certify that I have examined the Type or Print Name of Treasur	01	to the best of r	ny knowledge	and belief it is	s true, correct	and complete).	
	ctronically Filed		Rausch			Date 0.4	15	2011
NOTE : Submission of false, e	erroneous, or ir	ncomplete infor	mation may s	ubject the pers	son signing thi	s Report to th	ne penalties of 2	J.S.C 437g.
Office Use			-	·			FEC FO	

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3XN}$

Transaction ID:

Please see MEMO entry on Line 23 to redesignate the 11/29/10 Bass disbursement from 2010 General Debt Retirement to 2012 Primary.

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS Page 2

Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 Y Y Y		353076.28
	(b) Cash on Hand at Begining of Reporting Period	390594.54	
	(c) Total Receipts (from Line 19)	27327.31	78386.48
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	417921.85	431462.76
	Total Disbursements (from Line 31)	144605.47	158146.38
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	273316.38	273316.38
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

М М 0 1 м м 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 21857.76 55560.08 (i) Itemized (use Schedule A) 5469.55 22801.40 (ii) Unitemized (iii) TOTAL (add 27327.31 78361.48 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 27327.31 78361.48 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 25.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 27327.31 78386.48 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 27327.31 78386.48 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	or dispursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal		100110 2010
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	605.47	11634.38
Expenditures(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	605.47	11634.38
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	144000.00	141500.00
4. Independent Expenditure	0.00	3900.00
(use Schedule E)		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made 8. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	1112.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1112.00
(add Lines 20(a), (b), and (c))		
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	144605.47	158146.38
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	144605.47	158146.38
110/11 EI110 01)	177003.77	100170.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	27327.31	78361.48
34.	Total Contribution Refunds (from Line 28(d))	0.00	1112.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	27327.31	77249.48
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	605.47	11634.38
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	605.47	11634.38

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Ahmed Abdelsalam Mailing Address 1 E Wacker Dr Ste 3150 City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupation Ophthalmo	Zip Code 60601-1910 blogist ⁄ear-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 4ED59580A64A43492F71 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Patrick Aiello Mailing Address 275 W 28th St Attn: Marlene City Yuma FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupation Ophthalmo Aggregate Y	Zip Code 85364-7308 blogist rear-to-Date ▼ 250.02	Date of Receipt M M / D D / Y Y Y Y Y O 3 2 3 2 0 1 1 Transaction ID: 47A398C8C2FDB670B712 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
c .	Full Name (Last, First, Middle Initial) Quentin Allen Mailing Address 8921 N Wood Sage F City Peoria FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupation Ophthalmo	Zip Code 61615-7822 blogist /ear-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 3
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number			1166.68

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			
∠ 4.	Full Name (Last, First, Middle Initial) Steven Awner	,	(5.11.1.1.6)	Date of Receipt
	Mailing Address 193 Viscount Dr City	State	Zip Code	0 3 1 3 2 0 1 1 Transaction ID: AC853FC7-C610-4B05-
	Williamsville FEC ID number of contributing federal political committee.	C	14221-1771	Amount of Each Receipt this Period 500.00
	Name of Employer Self Receipt For: Primary General	Occupation Ophthalm Aggregate		7
_ 3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Deloris Bell	0 0		Date of Receipt
	Mailing Address 7000 W 121st St Ste 100 City	State	Zip Code	0 3 0 8 2 0 1 1 Transaction ID: F6BA731B68FD700656
	Overland Park FEC ID number of contributing federal political committee.	C	66209-2010	Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalm		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
_ ;.	Full Name (Last, First, Middle Initial) David Bogorad			Date of Receipt
	Mailing Address 1120 15th St			03 11 2011
	City Augusta	State GA	Zip Code 30912-0004	Transaction ID: 9BA487CC6FB721C526 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00012 0004	199.00
	Name of Employer Self	Occupation Ophthalm		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 324.01	
Г	SUBTOTAL of Receipts This Page (optional) .			1199.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 41 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	ne name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Bogorad Mailing Address 1120 15th St City Augusta FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State GA C Occupation Ophthalme Aggregate	Zip Code 30912-0004 ologist Year-to-Date ▼ 324.01	Date of Receipt M M
Full Name (Last, First, Middle Initial) Cynthia Ann Bradford Mailing Address 608 Stanton L Young City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State OK C Occupation Ophthalm	Zip Code 73104-5014 ologist /ear-to-Date ▼ 1000.00	Date of Receipt M M M / D D D 2 0 1 1 Transaction ID: 6F3DF437-15F5-4B15- Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) William Bridges, Jr. Mailing Address 21 Medical Park Dr City Asheville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NC C Occupation Ophthalmo	Zip Code 28803-2493 ologist /ear-to-Date ▼ 250.02	Date of Receipt M M M O B O C O C O C O C O C O C O C O C O C
SUBTOTAL of Receipts This Page (optional)			1125.01

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 41 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Charles Campbell Mailing Address 5540 Saratoga Blvd			Date of Receipt
	Ste 200 City Corpus Christi	State TX	Zip Code 78413-2953	Transaction ID: 42FAA9BCCCF17850B3A0 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C		83.34 BATCH TOOL RECURRING PAYM-
	Receipt For: Primary General Other (specify)	Ophthalr		ENT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Keith Carter Mailing Address 200 Hawkins Dr			Date of Receipt 0 3 1 0 2 0 1 1
	City Iowa City	State IA	Zip Code 52242-1007	Transaction ID: 496BA626357BC816E29F Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34 BATCH TOOL RECURRING PAYM-
	Name of Employer Self Receipt For:	Occupation Ophthalr		ENT APPROVED AND SETTLED
	Primary General Other (specify) ▼	33 13	250.02	
С.	Full Name (Last, First, Middle Initial) Jack Mabry Chapman Mailing Address 2061 Beverly Rd			Date of Receipt 0 3 2 8 2 0 1 1
	City Gainesville	State GA	Zip Code	Transaction ID: 43CE888CB964BB9936D4
	FEC ID number of contributing federal political committee.	C	30501-2034	Amount of Each Receipt this Period 83.33
	Name of Employer Self	Occupation Ophthalr	nologist	BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.99	
	SUBTOTAL of Receipts This Page (optional)			250.01
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	he name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donald Cinotti Mailing Address 600 Pavonia Ave Ste 6 City Jersey City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NJ C Occupation Ophthaln Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y 1 8 2 0 1 1 Transaction ID: 4579A96AE5476C50FE2B Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Full Name (Last, First, Middle Initial) S. William Clark Mailing Address 502 Isabella St City Waycross FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State GA C Occupation Ophthaln Aggregate		Date of Receipt M M M / 23 / 2011 Transaction ID: 4E4696FEEA4CFCA5CB56 Amount of Each Receipt this Period 416.66 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Full Name (Last, First, Middle Initial) Anastasios Costarides Mailing Address 1365B Clifton Rd NE City Atlanta FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State GA C Occupation Ophthaln		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: D22D0224BD89A799924 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional))	881.66

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	any information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and addi	not be sold or used by any pers	
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			
∠ A .	Full Name (Last, First, Middle Initial) Catherine Cuite			Date of Receipt
	Mailing Address 8921 N Wood Sage F	Rd		03 30 7 2011
	City	State	Zip Code	Transaction ID: E6A51D50-F494-4287-
	<u>Peoria</u>	IL	61615-7822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupation Ophthalm		
	Receipt For: Primary General Other (specify) ▼	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Susan Day			Date of Receipt
	Mailing Address 2340 Clay St Ste 100			03 / 14 / 2011
	City	State	Zip Code	Transaction ID: AF8DB72C938ACCC14
	San Francisco	CA	94115-1932	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthalm		
	Receipt For: Primary General Other (specify) ▼	Aggregate '	Year-to-Date ▼ 500.00	
_ С.	Full Name (Last, First, Middle Initial) David Durfee			Date of Receipt
	Mailing Address 616 SE Manchester F	7		03 / 31 / 2011
	City	State	Zip Code	Transaction ID: 1FE4CD68-433D-4242-
	Portland	OR	97202-9012	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthalm		
	Receipt For: Primary General	Aggregate `	Year-to-Date ▼	_
	Primary General Other (specify) ▼		500.00	
Г				

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 41 (check only one) X 11a
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to logy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Edelstein Mailing Address 2905 W Warner R Ste 20 City Chandler FEC ID number of contributing	State Zip Code AZ 85224-1674	Date of Receipt M M / D D / Y Y Y Y Y O 3 3 1 2 0 1 1 Transaction ID: B3DE216D-E0DC-41A3 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation Ophthalmologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) David Keith Emmel Mailing Address 1260 Silas Deane City	Hwy State Zip Code	Date of Receipt M
Wethersfield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: □ Primary □ General Other (specify) ▼	CT 06109-4362 C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) K. David Epley Mailing Address 11800 NE 128th S Ste 430 City Kirkland FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code WA 98034-7299 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 26A1787E-CA3C-4E8F Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (option	al)	2000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) James Finegan Mailing Address 236 Roseberry St City Phillipsburg FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NJ 08865-1632 C Occupation Ophthalmologist Aggregate Year-to-Date 250.02	Date of Receipt M M M O O O O O O O O O O O O O O O O
В.	Full Name (Last, First, Middle Initial) Edgar Gamponia Mailing Address 1255 Pineview Dr City Morgantown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code WV 26505-2738 C Occupation Ophthalmologist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3
С.	Full Name (Last, First, Middle Initial) David Glasser Mailing Address 6350 Stevens Forest R Ste 101 City Columbia FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code MD 21046-3240 C Occupation Ophthalmologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3 0 2 0 1 1 Transaction ID: 28C5CC6C67ED6EAC3D3 Amount of Each Receipt this Period 365.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		948.34

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the (crieck only one)
or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee. HPAC)
Α.	Full Name (Last, First, Middle Initial) John Douglas Goosey Mailing Address 6545 Rutgers Ave City Houston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 77005-3850 C Occupation Ophthalmologist Aggregate Year-to-Date 300	Date of Receipt M
	Full Name (Last, First, Middle Initial) Robert Jay Granadier Mailing Address 3535 W 13 Mile Rd Ste 555 City Royal Oak FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code MI 48073-6770 C Occupation Ophthalmologist Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y O 3
C.	Full Name (Last, First, Middle Initial) Erich Groos Mailing Address 2400 Patterson St Ste 201 City Nashville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TN 37203-1587 C Occupation Ophthalmologist Aggregate Year-to-Date 256	Date of Receipt M M / D D / Y Y Y Y Y O 3
SI	UBTOTAL of Receipts This Page (optional)		548.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Lealis Hale Mailing Address 1005 Mar Walt Dr White Wilson Medical City Fort Walton Beach FEC ID number of contributing federal political committee.	Center State FL	Zip Code 32547-6707	Date of Receipt M M D D D Y Y Y Y Y Y Y
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln		
3.	Full Name (Last, First, Middle Initial) David Harris, Jr. Mailing Address 1928 Alcoa Hwy Ste 324 City Knoxville	State TN	Zip Code 37920-1505	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
_ > .	Full Name (Last, First, Middle Initial) H. King Hartman Mailing Address 516 Pellis Rd City Greensburg FEC ID number of contributing federal political committee.	State PA	Zip Code 15601-4592	Date of Receipt M M M
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		
	SUBTOTAL of Receipts This Page (optional)	1		1083.34

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address 3 Woodland Rd Ste 210 City Stoneham FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MA C Occupation Ophthalmo Aggregate Y	Zip Code 02180-1711 ologist ear-to-Date ▼ 1249.98	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Edward Isbey, III Mailing Address 8 Medical Park Dr City Asheville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NC C Occupation Ophthalmo		Date of Receipt M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) Michael Jacobs Mailing Address 1080 Vend Dr Ste 100 City Bogart FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State GA C Occupation Ophthalmo	Zip Code 30622-3051 blogist ear-to-Date ▼ 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 3
	SUBTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 41 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			
∠ A .	Full Name (Last, First, Middle Initial) David Johnson Mailing Address 3711 E 26th Ave	Ctata	7in Codo	Date of Receipt 0 3
	City Denver FEC ID number of contributing federal political committee.	State CO	Zip Code 80205-5017	Transaction ID: D0B5A11E-FB37-4697- Amount of Each Receipt this Period 500.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupatio Ophthalr Aggregate		
- В.	Full Name (Last, First, Middle Initial) Carol Johnston Mailing Address 6 Office Park Dr			Date of Receipt
	City Jacksonville	State NC	Zip Code 28546-7325	0 3 1 0 2 0 1 1 Transaction ID: 7839D4295C3F0D27567 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophthalr	mologist	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
- С.	Full Name (Last, First, Middle Initial) Randolph Johnston			Date of Receipt
	Mailing Address 1300 E 20th St City	State	Zip Code	0 3 3 1 2 0 1 1 Transaction ID: 460295D974D103112CB
	Cheyenne FEC ID number of contributing federal political committee.	C	82001-4021	Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupatio Ophthalr		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
Γ		-		965.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
S	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Sanjay Kedhar Mailing Address 970 Kent Ave Apt 410 City Brooklyn FEC ID number of contributing federal political committee. Name of Employer Self	State NY C		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 1427E849-3C14-4690- Amount of Each Receipt this Period 500.00
	Receipt For: Primary General Other (specify)	Ophthali Aggregate	mologist e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Gregory Kiblinger Mailing Address 2440 E 5th St			Date of Receipt 0 3 2 2 2 0 1 1
	City Tyler FEC ID number of contributing federal political committee.	State TX	Zip Code 75701-3525	Transaction ID: 84E30F62-E27B-4191- Amount of Each Receipt this Period 250.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthali Aggregate		
C.	Full Name (Last, First, Middle Initial) Laura King Mailing Address 106 Brighton Rd NE			Date of Receipt 0 3 0 3 2 0 1 1
	City Atlanta FEC ID number of contributing federal political committee.	State GA	Zip Code 30309-1521	Transaction ID: 95B548D3-319D-41EE- Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Ophthali		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			1115.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Klein Mailing Address 21711 Greater Mack City Saint Clair Shores FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MI C Occupation Ophthalm	Zip Code 48080-2418	Date of Receipt M M O S O S O S O S O S O S O S O S O S
Full Name (Last, First, Middle Initial) Pete Lagouros Mailing Address 8921 N Wood Sage City Peoria FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupation Ophthalm		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 59ADEFB78C45AC5880 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Mark Lindsay Mailing Address 2725 E 29th St City Bryan FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophthalm Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 0AC7C05378051E6317 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			1350.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and ad	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Masud Malik Mailing Address 3865 N Mulford Rd City Rockford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupatio Ophthalr Aggregate		Date of Receipt M M M / D D D / 2 0 1 1 Transaction ID: 475499A6D0AD38C1942A Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) Mark Mandel Mailing Address 1237 B St City Hayward FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupatio Ophthalr Aggregate		Date of Receipt M M M / D D Z 2 0 1 1 Transaction ID: 4A55A5F07318C28EEADF Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED
- C.	Full Name (Last, First, Middle Initial) Benjamin Mason Mailing Address 1110 Eagle Ridge Rd City Cedar Falls FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State IA C Occupatio Ophthalr Aggregate		Date of Receipt M
	SUBTOTAL of Receipts This Page (optional))	266.68

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Check only one)
•	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political commit	tee to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Amalia Miranda Mailing Address 3435 NW 56th St Building A # 700 City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code OK 73112-4448 C C C Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M
- В.	Full Name (Last, First, Middle Initial) Christie Morse Mailing Address 248 Pleasant St Ste 1600 City Concord FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NH 03301-2588 C Occupation Ophthalmologist Aggregate Year-to-Date 250.00	Date of Receipt M M M
с.	Full Name (Last, First, Middle Initial) Kelly Patrick O'Neill Mailing Address 563 Wessel Dr City Fairfield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code OH 45014-3668 C Occupation Ophthalmologist Aggregate Year-to-Date 250.02	Date of Receipt M M M / D D / Y Y Y Y Y 0 3 0 2 0 1 1 Transaction ID: 45AFA49D1AB790490A1F Amount of Each Receipt this Period 83.34 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional)		433.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for e	separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 23 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Olson Mailing Address 1055 N 300 W Ste 204 City Provo FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)			Date of Receipt M M C D D C 2 0 1 1 Transaction ID: 4F3B993CAC89FDD248 Amount of Each Receipt this Period 208.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Full Name (Last, First, Middle Initial) Millicent Palmer Mailing Address 4101 Woolworth Ave Ste 112 City Omaha FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)			Date of Receipt M M M O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) Julie Perry Mailing Address 999 Adams St Ste 200 City Saint Helena FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) General Other (specify)	•		Date of Receipt M M O O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)			391.67

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmology	/ Inc Politica	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Ashok Reddy			Date of Receipt
	Mailing Address 1121 Roma Ave NE			03 04 2011
	City	State	Zip Code	Transaction ID: 904D700F-1F94-4FD0-
	Albuquerque	NM	87106-4734	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self	Occupation Ophthalr		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Michael Repka			Date of Receipt
	Mailing Address 600 N Wolfe St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 48633594-1E99-4307-
	Baltimore	MD	21287-0005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self	Occupation Ophthalr		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		300.00	
с. С.	Full Name (Last, First, Middle Initial) Patrick Rhode			Date of Receipt
	Mailing Address 8921 N Wood Sage R	d		03 / 00 / 2011
	City	State	Zip Code	Transaction ID: 9A2AE2AF-2CB9-4034-
	Peoria 550 ID 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IL	61615-7822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self	Occupation Ophthalr		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1800.00
ļ	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	statements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Richardson Mailing Address 207 S Santa Anita Ave Ste P25 City San Gabriel FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 91776-1145 C Occupation Ophthalmologist Aggregate Year-to-Date 951.00	Date of Receipt M
Full Name (Last, First, Middle Initial) David Shulman Mailing Address 999 E Basse Rd Ste 127 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code TX 78209-1802 C Occupation Ophthalmologist Aggregate Year-to-Date 250.02	Date of Receipt M M M 2 2
Full Name (Last, First, Middle Initial) Scott So Mailing Address 2100 Webster St Ste 214 City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 94115-2375 C Occupation Ophthalmologist Aggregate Year-to-Date 300.00	Date of Receipt M M M J D D J 2011 Transaction ID: 4D37B52EE57FD0EEDA Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
SUBTOTAL of Receipts This Page (optional)		500.34

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) John Sutphin Mailing Address 7400 State Line Rd Ste 100 City Prairie Village FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State KS C Occupation Ophthalm Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 4E1EEC64F40DCBB90A3 Amount of Each Receipt this Period 1000.00
В.	Full Name (Last, First, Middle Initial) Steven Swedberg Mailing Address 21827 76th Ave W Ste 102 City Edmonds FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State WA C Occupatior Ophthalm Aggregate		Date of Receipt M M / D D / Y Y Y Y Y O 3 1 0 2 0 1 1 Transaction ID: 4B3E843C5FB3B1BEA620 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
- C.	Full Name (Last, First, Middle Initial) Leiv Takle Mailing Address 646 S 8th St City Griffin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State GA C Occupation Ophthalm Aggregate		Date of Receipt M M / D D / Y Y Y Y Y O 3
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1583.34

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAN	ormation copied from such Reports and Sommercial purposes, other than using the ME OF COMMITTEE (In Full) erican Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Barr	Name (Last, First, Middle Initial) y Welch ing Address 424 Yellowstone Ave			Date of Receipt
	Ste 110			03 29 2011
City		State	Zip Code	Transaction ID: 40F3B6A58C4D6134E8
<u>Coc</u>	•	WY	82414-9309	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		83.34
Nam Self	ne of Employer	Occupatio Ophthalr		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
	Name (Last, First, Middle Initial)			Date of Receipt
Mail	ing Address 116 N Tuscola Rd			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: 8CF354FF-5824-4536-
<u>Bay</u>	· City	MI	48708-6961	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		500.00
Nam Self	ne of Employer	Occupatio Ophthalr		
Rec	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
	Name (Last, First, Middle Initial) er Zelt			Date of Receipt
Mail	ing Address 200 Iroquois Rd			03 25 2011
City Pitt	sburgh	State PA	Zip Code 15241-1122	Transaction ID: 93F6D49973F3027E312 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		500.00
Nam Self	ne of Employer	Occupatio Ophthalr		
Rec	eipt For: Primary General Other (specify) ▼	_ ' ' '	e Year-to-Date ▼ 500.00	
				1083.34

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 41 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, othe	er than using the name and ac Full)	ay not be sold or used by any persiddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Carol Ziel Mailing Address 2025 From Ste 100 City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Primary General Primary General Cother (specify)	State NC Occupation Ophthal Aggregat	Zip Code 27103-5663 on mologist e Year-to-Date ▼ 250.02	Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 0 2 0 1 1 Transaction ID: 4499ACEF0230475F894E Amount of Each Receipt this Period 41.67 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Full Name (Last, First, Middle Carol Ziel Mailing Address 2025 From Ste 100 City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Primary General Other (specify)	State NC Occupation Ophthal Aggregat	Zip Code 27103-5663 on mologist te Year-to-Date ▼ 250.02	Date of Receipt M
Full Name (Last, First, Middle Harry Zink Mailing Address 3519 Frie City Wooster FEC ID number of contributir federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	endsville Rd State OH Occupation Ophthal Aggregat	Zip Code 44691-1241 on mologist e Year-to-Date ▼ 249.99	Date of Receipt M M M / D D / 2011 Transaction ID: 4E7FA117106B62C6A956 Amount of Each Receipt this Period 83.33 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
SUBTOTAL of Receipts This F			166.67 21857.76

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 29 / 41 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Transaction ID: 95B2B2891C625E42532 Wells Fargo Bank N.A. Date of Disbursement 3 1 0 3 2011 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco CA 94163 194.92 Purpose of Disbursement AMEX discount - Mar 2011 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: C1D9FA3862460D95168 Wells Fargo Bank N.A. Date of Disbursement 3 1 0 3 2011 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco 94163 CA 410.55 Purpose of Disbursement Bank charges - Mar 2011 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	605.47
TOTAL This Period (last page this line number only)	•	605.47

Other (specify)

State:

HEDULE B (FEC Form 3X)	Use sepai		_		IE NUMBER: PAGE 30 / 41 nly one)								
MIZED DISBURSEMENTS	Detailed S	ategory of the Summary Page		$\stackrel{\circ}{\Box}$	21b 27	22 28a	X	23 28b		24 28c		25 29	26 30
nformation copied from such Reports and Stater commercial purposes, other than using the nam													i
AME OF COMMITTEE (In Full) merican Academy of Ophthalmology Inc						mon contra				34011			
ull Name (Last, First, Middle Initial) lass Victory Committee								on ID sburs			-200	00543	347515
lailing Address PO Box 3451						1 1	М	D 2	2 9	/ Y	ž	0 1 C	Y
ity concord	State NH	Zip Code 03302				Amou	ınt of	f Each	n Dis	burse		t this F	-
urpose of Disbursement ontribution 2010 General - Debt Retirement				01							500	00.00	
andidate Name Charles F. Bass Iffice Sought: X House Disburs Senate	ement For:	2010 X General		ateg Typ	-	[MEN (As d r-end	isclo	sed	-	:010 y	/ea-		
President tate: NH District: 02	Other (spec	cify) 🔻					ġ	,					
ull Name (Last, First, Middle Initial) ass Victory Committee						Date	of Di	sburs	eme				552202
lailing Address PO Box 3451						0 3	М	^D 3	3 0	/ L	ž	0 1 1	Y
ity Concord	State NH	Zip Code 03302				Amou	ınt of	f Each	n Dis	burse	ment	t this F	Period
urpose of Disbursement 012 Primary - redesignation of 11/29/10 contribu	ution.			01		L.	0				500	00.00	
andidate Name Charles F. Bass				ateg Typ									
	ement For: C Primary Other (spec	2012 General				[MEN (Redecontri is usi te.	esigi buti	natio	- n of Can	d cor	nm		
ull Name (Last, First, Middle Initial) erkley for Congress						Date	of Di	sburs	eme				642436
lailing Address 3069 Conquista Court						0 ^M 3	М	[′]) 1	/ Y	ž	0 1 1	Y
ity as Vegas	State NV	Zip Code 89121				Amou	ınt of	f Each	n Dis	burse	-	t this F	
urpose of Disbursement ontribution 2012 PRIMARY				_			•		•		500	00.00	
helley Berkley													
Senate X President	Primary	2012 General											
I											500	00.00	, ,
andidate Name shelley Berkley office Sought: tate: NV [X House Disburs Senate President District: 01 rsements This Page (optional)	X House Disbursement For: Senate X Primary President District: 01 rsements This Page (optional)	X House Disbursement For: 2012 Senate X Primary General Other (specify) ▼ President District: 01 Senate X Primary General Other (specify) ▼	X House Disbursement For: 2012 Senate X Primary General Other (specify) ▼ District: 01 Treements This Page (optional)	Category X House Senate President Disbursement For: X Primary General Other (specify)	PRIMARY O11 Category/ Type X House Senate President Other (specify) District: 01 District: 01 O11 Category/ Type X Primary General Other (specify) Type	PRIMARY O11 Category/ Type X House Senate President Other (specify) District: 01 District: 01 Total Category/ Type A Primary General Other (specify) Total Category/ Type	A House Disbursement For: 2012 Senate President Other (specify) District: 01 Sements This Page (optional)	PRIMARY O11 Category/ Type X House Senate President President District: 01 Dispursement For: 2012 X Primary General Other (specify) ▼	PRIMARY O11 Category/ Type X House Senate President Other (specify) Other (specify) Presements This Page (optional)	PRIMARY O11 Category/ Type X House Senate President Other (specify) Other (specify) Presements This Page (optional)	PRIMARY O11 Category/ Type X House Disbursement For: 2012 Senate President Other (specify) ▼ District: 01 Treements This Page (optional) 500	PRIMARY O11 Category/ Type X House Disbursement For: 2012 Senate President Other (specify) ▼ District: 01 Treements This Page (optional) 5000.00

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only		26
	Detailed Suffilliary Page	27		30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	e and address of any political co	minitiee to som	cit contributions from such committee	
American Academy of Ophthalmology Inc	Political Committee (OPH)	THPAC)		
Full Name (Last, First, Middle Initial) Bill Flores for Congress			Transaction ID: 55861-8672906756 Date of Disbursement	401
Mailing Address PO Box 6207			03	
•	State Zip Code TX 77805		Amount of Each Disbursement this Period	i k
Purpose of Disbursement Contribution 2012 PRIMARY		011	1000.00	_
Candidate Name William H. Flores		Category/ Type		
Senate X President	ment For: 2012 Primary General Other (specify)			
State: TX District: 17				
Full Name (Last, First, Middle Initial) Canseco for Congress			Transaction ID: 55861-6267206072. Date of Disbursement	807
Mailing Address 10004 Wurzbach Road #	366		03	
,	State Zip Code TX 78230		Amount of Each Disbursement this Period	j
Purpose of Disbursement Contribution 2012 PRIMARY		011	1000.00	_
Candidate Name Francisco Raul Canseco		Category/ Type		
\$ X	ment For: 2012 Primary General Other (specify)			
State: TX District: 23				
Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy			Transaction ID: 55861-0664483904 Date of Disbursement	838
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	Dave Camp for Congress						of Disbu	ırsemer	t		
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And the commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Heller for Congress Mailing Address PO Box 531086 City State Zip Code Henderson NV 89053 Purpose of Disbursement Contribution 2012 PRIMARY Candidate Name Dean Heller Office Sought: X House Senate President State: NV District: 02 Full Name (Last, First, Middle Initial) Hoyer for Congress Mailing Address 700 13th Street, NW Suite 500 City State: MD District: 05 Full Name (Last, First, Middle Initial) Hoyer for Congress Mailing Address 700 13th Street, NW Suite 500 City State: MD District: 05 Full Name (Last, First, Middle Initial) John Sullivan for Congress, Inc Mailing Address Post Office Box 470840 City State: MD District: 05 Full Name (Last, First, Middle Initial) John Sullivan for Congress, Inc Mailing Address Post Office Box 470840 City Tulsa, OK 74147 Purpose of Disbursement Contribution 2012 PRIMARY Candidate Name Senate President State: MD District: 05 Full Name (Last, First, Middle Initial) John Sullivan for Congress, Inc Mailing Address Post Office Box 470840 City Tulsa, OK 74147 Purpose of Disbursement Contribution 2012 PRIMARY Candidate Name Senate President State: MD District: 05 State MD District: 05 Full Name (Last, First, Middle Initial) John Sullivan for Congress, Inc Mailing Address Post Office Box 470840 City Tulsa, OK 74147 Purpose of Disbursement Contribution 2012 PRIMARY Candidate Name President Senate Preside	TEMIZED DISBURSEMENTS		21b		
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<u></u>	Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress					Date	action of Disb	ursen				_
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Mailing Address PO Box 25084						0,3	_	1	7	2	0 1 1	
City Albuquerque	State NM	Zip Code 87125				Amou	int o	f Each	Disburse	ment	t this P	eriod
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Full Name (Last, First, Middle Initial) Southwest Leadership Fund									26811	-760	00824	2368
Mailing Address PO Box 25084				Date of Disbursement O 3								
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Full Name (Last, First, Middle Initial) Texans for Lamar Smith			Transaction ID: 30679-4870721697
Mailing Address PO Box 6155			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City San Antonio	State Zip Code TX 78209		Amount of Each Disbursement this Period
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Candidate Name Lamar Seeligson Smith Office Sought: X House Disbur	sement For: 2012	Category/ Type	
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The Congressman Joe Barton Committe Mailing Address PO Box 1444		Date of Disbursement O 3 M / O 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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Candidate Name Joe L. Barton		Category/ Type	
X	sement For: 2012 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Trust Pac Team Republicans for Utilizing cs	Sensible Tacti-		Transaction ID: 30679-1971246600 Date of Disbursement
Mailing Address 228 S. Washington Str Suite 115	eet		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y \\ Z & O & 1 & 1 \end{smallmatrix} \end{bmatrix}$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2012 Primary Candidate Name		011	2500.00
Trust Pac Team Republicans for Utilizing	Sensible sement For: 2011	Category/ Type	
Senate	Primary General X Other (specify) ▼		
State: District: Contr	ibution		
SUBTOTAL of Disbursements This Page (optiona	n		6000.00

SCHEDULE B (FEC Form 3X)		X)	Use separate schedule(s)		NUMBER:	PAGE 41 / 41			
IT	EMIZED DISBURSEMENT	S for each	category of the Summary Page	(check only 21b 27	22 X 23	24 25 26 28c 29 30b			
	y Information copied from such Reports ar for commercial purposes, other than using	•		, , ,		o .			
\	NAME OF COMMITTEE (In Full)								
	American Academy of Ophthalmol	ogy Inc Political (Committee (OPF	ITHPAC)					
	Full Name (Last, First, Middle Initial)				Transaction ID: 55	5861-1326257586479			
	Tuesday Group Political Action Co	Date of Disbursement							
	Mailing Address PO Box 11586				03	2011			
	City Washington	State DC	Zip Code 20008		Amount of Each Disk	oursement this Period			
	Purpose of Disbursement Contribution 2011			011		5000.00			
	Candidate Name Tuesday Group Political Action Co	mmittee		Category/ Type					
	Office Sought: House Senate President	Disbursement For: Primary X Other (spe	2011 General ecify) ▼						
	State: District:	Contribution	•						

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	144000.00